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TO PATENT EXAMINER: AMANDA MARIE SHAW

FAX NO. 571.273.8300

FROM BEN WANG,
PATENT ATTORNEY

PHONE 510.749.4378

FAX 510.749.4266

Re: US Serial No.: 10/796,307 filed: 03/10/2004

Entitled: "GENETIC POLYMORPHISMS ASSOCIATED WITH MYOCARDIAL INFARCTION,
METHODS OF DETECTION AND USES THEREOF"

Atty. Docket No.: CL001509ORD

Attached: **PRELIMINARY AMENDMENT AND RESPONSE TO RESTRICTION
REQUIREMENT**

Ben Wang
Patent Attorney
Celera Diagnostics, LLC
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Alameda, CA 94502
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SEP 21 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2008, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

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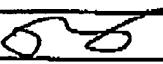
Total Number of Pages in This Submission 11

| | |
|------------------------|-------------------|
| Application Number | 10/796,307 |
| Filing Date | March 10, 2004 |
| First Named Inventor | Michelle CARGILL |
| Art Unit | 1634 |
| Examiner Name | Amanda Marie Shaw |
| Attorney Docket Number | CL1509ORD |

ENCLOSURES (Check all that apply)

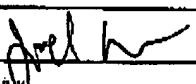
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|---------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name | Celera Diagnostics | | |
| Signature |  | | |
| Printed name | Ben Wang | | |
| Date | September 21, 2006 | Reg. No. | 41,420 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature 

Typed or printed name

Joel White

Date September 21, 2006

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SEP 21 2006

PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 1818).

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

120.00

Complete If Known

| | |
|----------------------|-------------------|
| Application Number | 10/796,307 |
| Filing Date | March 10, 2004 |
| First Named Inventor | Michele CARGILL |
| Examiner Name | Amanda Marie Shaw |
| Art Unit | 1634 |
| Attorney Docket No. | CL1509ORD |

METHOD OF PAYMENT (check all that apply)

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|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------|------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 50-2781 | | Deposit Account Name: Celera Diagnostics | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments | | | |

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|------------------------------------------------------------------------|--------------|----------|---------------|---------------------------|----------|
| | | | | Fee (\$) | Fee (\$) |
| - 20 or HP = | x | = | | 50 | 25 |
| HP = highest number of total claims paid for, if greater than 20. | | | | 200 | 100 |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | 360 | 180 |
| - 3 or HP = | x | = | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--------------------------------------------------|----------|---------------|
| - 100 - | / 50 = | (round up to a whole number) x | | |

4. OTHER FEE(S)

| | |
|---------------------------------------------------------------------------|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | Fees Paid (\$) |
| Other (e.g., late filing surcharge): Petition for a 1st Extension of Time | 120.00 |

SUBMITTED BY

| | | | |
|-------------------|-------------------------------------------------------------------------------------|---------------------------------------------|-------------------------|
| Signature |  | Registration No. 41,420 (Attorney/Agent) | Telephone 510-749-4378 |
| Name (Print/Type) | Ben Wang | | Date September 21, 2006 |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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